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Bib Data Sheet

CONFIRMATION NO. 9689

SERIAL NUMBER 10/667,728	FILING OR 371(c) DATE 09/22/2003 RULE	CLASS 602	GROUP ART UNIT 3764	ATTORNEY DOCKET NO. BE1.001
<b>APPLICANTS</b> Timothy R. Beevers, McMinnville, OR;				
<b>** CONTINUING DATA *****</b>				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b>				
** 01/09/2004				
Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY OR	SHEETS DRAWING 5	TOTAL CLAIMS 16
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance			INDEPENDENT CLAIMS 6
Verified and Acknowledged	Examiner's Signature	Initials		
<b>ADDRESS</b> 23893				
<b>TITLE</b> Infant CPAP nasal cannula seal				
FILING FEE RECEIVED 501	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		